



Patient – RI Definitions & Rules for Entering Basic Patient Information

Note: **RED = Required**, **BLUE = Required Conditionally**, **BLACK = Not Required**,
GRAY = Condition Specific

Field on Screen	Description	RI Rules for Data Entry
Basic Demographic Information		
Basic Demographic Data As Of:	Current Date of the Report or date at which you can verify (phone call or report) that the patient's name, and address information is current.	Required
Last Name	Patient's last name.	Required
First Name	Patient's first name.	Required
Middle Name	Patient's middle name or initial.	Enter if available
Suffix	Patient's name suffix	Do not enter
DOB	Reported date of birth of patient.	Required
Current Sex	Patient's current sex.	Required. Enter patient gender, enter unknown if unclear.
Is the patient deceased?	Indicator of whether or not a patient is alive or dead.	Enter if Available. Do not assign if data unavailable. Use Yes or No; do not use Unknown
Deceased Date	Date on which the individual died.	Enter if Available
SSN	The patient's social security number.	Do not enter
Marital Status	A code indicating the married or similar partnership status of a patient.	Do not enter
Type	Code that designates the type of ID	Do not enter.
Description	Description of the ID type (If Other is selected as Type)	Do not enter.
Assigning Authority	Code that designates the authority that assigned the ID.	Do not enter.
ID Value	Entity ID of the patient record.	Do not enter.
Street Address 1	Line one of the address label.	Required
Street Address 2	Line two of the address label.	Enter if available or needed.
City	City of patient residence	Required
State	State of patient residence. The state code for a postal location.	Required
Zip	The zip code of a residence of the case patient.	Required.
County	The county of residence of the case patient or entity.	Required.
Country	The country code for a postal location.	Defaults to United States
Home Phone	Telephone number (including area code).	Required



Field on Screen	Description	RI Rules for Data Entry
Work Phone	Telephone number (including area code).	Enter if available
Ethnicity	Indicates if the patient is hispanic or not.	Required. Use unknown if data is unavailable.
Race	Reported race; supports collection of multiple race categories.	Required. Use unknown if data is unavailable.